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DATE: April 18, 2005

TIME: 10:37 pm Central Time

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### THE FOLLOWING PAGES ARE FOR

NAME OF EXAMINER:

Karl D. Frech

GROUP ART UNIT:

2876

NAME OF AGENCY:

U.S. Patent and Trademark Office

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10 Pages

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Mickala Anderson (319-366-7641, ext. 217)

RE:       **U.S. Patent Application No. 10/776,027**  
**(Attorney Docket No. 36240XE)**  
**RESPONSE TO OFFICE ACTION**

These pages are being transmitted to Examiner Karl Frech for filing in Application No.  
10/776,027.

Thank you.

**Simmons, Perrine, Albright & Ellwood, P.L.C.**

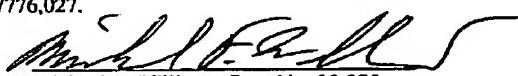
April 18, 2005  
Page 2

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I hereby certify that, on the date shown below, this Facsimile Cover Sheet, of two (2) pages, a signed Fee Transmittal form, of one (1) page, a duplicate copy of the Fee Transmittal form, of one (1) page; a signed Petition For Extension of Time Under 37 CFR 1.136(a), of one (1) page; a duplicate copy of the signed Petition For Extension of Time Under 37 CFR 1.136(a), of one (1) page; a RESPONSE TO OFFICE ACTION, of three (3) pages; and a signed Terminal Disclaimer, of one (1) page; are being facsimile transmitted to Examiner Karl D. Frech, Group Art Unit 2876, fax number (703) 872-9306 at the Patent and Trademark Office for filing in Application No. 10/776,027.

Date: April 18, 2005



Michael F. Williams, Reg. No. 39,875

Doc Code:

PTO/SB/17 (12-04v2)

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Effective on 12/06/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

130

**Complete if Known**

Application Number 10/776,027

Filing Date February 10, 2004

First Named Inventor Steven E. Koenck

Examiner Name Karl D. Frech

Art Unit 2876

Attorney Docket No. 36240XE

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-2260 Deposit Account Name: Simmons, Perrine

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under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

130

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 39,875	Telephone 319-386-7641 (x 222)
Name (Print/Type)	Michael F. Williams		Date April 17, 2005

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Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

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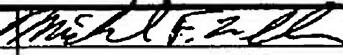
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

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Other (e.g., late filing surcharge): Terminal Disclaimer Fee 130

## SUBMITTED BY

Signature 	Registration No. 39,875 (Attorney/Agent)	Telephone 319-366-7641 (x 222)
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